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<b>POLICY NUMBER:</b>		
<b>CHAPTER 1000: Intake and Investigative Services</b>		
	<b>CHILD AND FAMILY SERVICES AGENCY</b>   <b>Approved by:</b> _____ Signature of Agency Director	<b>PROFESSIONAL STANDARDS</b>  <b>See Section VIII.</b>
<b>EFFECTIVE DATE:</b> March 25, 2002	<b>LATEST REVISION:</b> September 30, 2003	<b>REVIEW BY LEGAL COUNSEL:</b> <b>Yes</b>

<b>I. AUTHORITY</b>	The Director of Child and Family Services Agency adopts this policy to be consistent with the Agency's mission and applicable federal and District of Columbia laws, rules and regulations, including the federal Child Abuse Prevention and Treatment Act and its implementing regulations, provisions in Title 4 and 16 of the D.C. Code, and the modified final order and implementation plan in LaShawn A. v. Williams.
<b>II. APPLICABILITY</b>	All Investigations employees and contracted Investigations personnel.
<b>III. RATIONALE</b>	It is the mission of the Child and Family Services Agency (CFSA) to promote the safety, permanence and well-being of children and families in the District of Columbia. Toward this end, CFSA's Investigations Program is the first line of intervention with children and families to ensure the safety and protection of children (under the age of 18 years) who have been maltreated (abused or neglected) or are at risk of maltreatment. In partnership with community collaboratives, the Investigations Program provides and arranges for services to achieve safety, well-being, and permanency for children. This program further supports the preservation of families through assessing the strengths and needs of families, including extended families, and by focusing on improving and building parental/caretaker abilities to provide safe and nurturing homes for children. Investigations staff initiate the process of engaging families in identifying and achieving family-level outcomes to reduce the risk of further maltreatment and ameliorate the effects of maltreatment that has already occurred.
<b>IV. POLICY</b>	It is the policy of the Child and Family Services Agency that all investigations of accepted reports of alleged child maltreatment (abuse and neglect) are initiated by establishing face-to-face contact with the alleged child victim within 24 hours of the receipt of the report. The investigation shall include an assessment of safety and risk to not only the alleged child victim, but also all children residing in the home. When necessary, services and referrals shall be provided to the family. The investigation shall conclude no later than 30 days after the acceptance of the report.

<b>V. CONTENTS</b>	<ul style="list-style-type: none"> <li><b>A.</b> Roles and Responsibilities</li> <li><b>B.</b> Report Assignment</li> <li><b>C.</b> General Procedures for Investigation</li> <li><b>D.</b> Sexual Abuse Investigations</li> <li><b>E.</b> Physical Abuse Investigations</li> <li><b>F.</b> Institutional Investigations</li> <li><b>G.</b> Boarder Baby Investigations</li> <li><b>H.</b> Drug Exposed Infants Investigations</li> <li><b>I.</b> Child Fatality Investigations</li> <li><b>J.</b> Domestic Violence Investigations</li> <li><b>K.</b> Substance Abuse Investigations</li> <li><b>L.</b> Voluntary Placements</li> <li><b>M.</b> Unwilling Caregivers</li> <li><b>N.</b> Left Alone and Inadequate Supervision Investigations</li> <li><b>O.</b> Internal and District Officials Investigations</li> <li><b>P.</b> Diplomatic Immunity Investigations</li> <li><b>Q.</b> Military Investigations</li> <li><b>R.</b> Runaway Investigations</li> <li><b>S.</b> Safety Plan and Risk Assessment</li> <li><b>T.</b> Emergency Assessment Program Referrals</li> <li><b>U.</b> Removal and Placement</li> <li><b>V.</b> Court Activity</li> <li><b>W.</b> Disposition</li> <li><b>X.</b> Documentation</li> <li><b>Y.</b> Case Transfer</li> <li><b>Z.</b> Notification of Police</li> </ul>
<b>VI. ATTACHMENTS</b>	<ul style="list-style-type: none"> <li><b>A.</b> Priority Criteria</li> <li><b>B.</b> Assessment Criteria</li> </ul>
<b>VII. PROCEDURES</b>	<p><b>Procedure A: Roles and Responsibilities</b></p> <ol style="list-style-type: none"> <li>1. The Intake and Investigations Administrator shall oversee field operations, provide direction to program managers, act as a liaison between CFSA and community agencies, prepare budget requests, monitor and approve expenditure and contracts, and ensure compliance with federal, and District of Columbia legal mandates.</li> <li>2. The Intake and Investigations Program Manager shall develop and implement policies and procedures, review screened out and unfounded reports, review and transfer all substantiated cases, approve all removals conducted by the units, monitor supervisory decision-making, oversee staffing patterns, and provide weekly supervision for all supervisors.</li> <li>3. The Investigations Supervisor shall be responsible for, but not limited to, the following: <ol style="list-style-type: none"> <li>a. reviewing and assigning cases to the Investigations Worker in a timely manner;</li> <li>b. providing guidance and group work in making appropriate decisions towards case dispositions;</li> </ol> </li> </ol>

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	<ul style="list-style-type: none"> <li>c. assisting Investigations Worker with the development of initial plans and strategies to aid in the conducting of investigations;</li> <li>d. documenting all investigative activities, contacts and decisions in FACES within 24-hours of event occurrence;</li> <li>e. providing assistance in decisions of removals;</li> <li>f. approving safety, risk and family assessments;</li> <li>g. reviewing and approving case transfer reports;</li> <li>h. attending and participating in case transfer staffing when sending case to on-going services;</li> <li>i. reviewing and approving initial family assessment and initial case plan;</li> <li>j. reviewing and approving petitions and court documents completed by the Investigations Worker;</li> <li>k. attending and participating in court hearings as needed;</li> <li>l. attending and participating in court hearings, case transfer staffings, administrative reviews, clinical staffings, case specific critical event meetings and child fatality internal reviews, and other case meetings (as needed);</li> <li>m. providing weekly one-on-one individual conferences with staff;</li> <li>n. observing worker's performance at court hearings, home visits, and transfer staffings, at least once per quarter;</li> <li>o. holding unit meetings to inform staff of new policies, procedures, etc.;</li> <li>p. assigning and monitoring task given to workers;</li> <li>q. monitoring workers' compliance with time specific case plans;</li> <li>r. ensuring workers compliance with visitations, permanency goals, court orders, court proceedings, case closure, and staffings; and</li> <li>s. ensuring that case records (FACES and Hardcopy) are current with all necessary documentation at time of transfer.</li> </ul> <p>4. The Investigations Worker shall be responsible for, but not limited to, the following:</p> <ul style="list-style-type: none"> <li>a. ensuring the safety and well-being of children;</li> <li>b. gathering the following information about the child and family and planning the investigation when assigned a report: <ul style="list-style-type: none"> <li>i. reading allegations stated in CPS report;</li> <li>ii. calling back the reporter;</li> <li>iii. completing a search in FACES on identified case household members and addresses;</li> <li>iv. collecting and reading historical records that are available including close records;</li> <li>v. for active cases, contacting and consulting with ongoing social worker and supervisor;</li> <li>vi. consulting with any agency staff who has had prior contact with the family; and</li> <li>vii. consulting with the Clinical and/or Health Services Team, when necessary.</li> </ul> </li> </ul>
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	<ul style="list-style-type: none"> <li>c. discussing with immediate supervisor information obtained and developing necessary plans and strategies to conduct investigations;</li> <li>d. conducting unannounced home visits;</li> <li>e. conducting field visits (e.g. school, hospital, etc.)</li> <li>f. assessing safety issues for the child;</li> <li>g. interviewing each caretaker, alleged victim(s) and household members individually face-to-face within 24-hours, of the receipt of the report (defined as approval of the report by the Hotline Supervisor), or sooner as indicated by level of risk;</li> <li>h. checking ALL collateral and core contacts;</li> <li>i. documenting all investigation activities, contacts and decisions in FACES within 24-hours of event occurring;</li> <li>j. when removal is necessary, discussing and requesting approval from supervisor and Program Manager;</li> <li>k. providing the foster family or other caretaker with the child's placement information;</li> <li>l. completing safety, risk and family assessments by hardcopy and FACES within 24-hours;</li> <li>m. completing all required information in FACES (e.g. health, education and legal);</li> <li>n. attending and participating in case transfer staffing when sending case to on-going services;</li> <li>o. documenting initial family assessment and complete initial case plan within 30 days;</li> <li>p. if needed, assessing services that can assist family and make necessary referrals;</li> <li>q. preparing necessary petitions and court documents when necessary;</li> <li>r. exploring extended family resources, including paternity;</li> <li>s. attending and participating in initial court hearing and other court proceedings as needed;</li> <li>t. attending and participating in weekly conferences with assigned supervisors and as needed;</li> <li>u. physically placing child with the identified caretaker;</li> <li>v. supervising visits with family and child when appropriate; and</li> <li>w. providing written notification of each investigation outcome to the parent, guardian, or custodian of the child who is the subject of the report, the child's guardian ad litem, and to the alleged maltreater. See <i>Child Protection Register Policy</i>.</li> </ul>
	<p><b>Procedure B: Report Assignment</b></p> <ol style="list-style-type: none"> <li>1. The Investigations Supervisor shall review all reports from the Hotline, complete a Child Protective Register (CPR) check, and review previous reports on the family.</li> </ol>

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	<ol style="list-style-type: none"> <li>2. The Investigations Supervisor shall ensure that reports are assigned according to response time, level of risk and safety concerns, and on a rotating basis.</li> <li>3. New reports on open investigations shall be reassigned to the worker who received the initial report. <ol style="list-style-type: none"> <li>a. Level I reports shall be addressed immediately and subsequently forwarded back to the previously assigned investigations worker.</li> <li>b. If a new report is received on an investigation closed within the previous 30 days, the new report shall be assigned to the previous investigations worker.</li> </ol> </li> <li>4. If a report is received on an active case within CFSA, immediate contact shall be established by the Investigations Worker or Supervisor with the ongoing worker and supervisor to obtain background information regarding the case. The Investigations Worker shall conduct an independent investigation and forward the information to the ongoing unit. <ol style="list-style-type: none"> <li>a. The old case record shall be retrieved and information in FACES shall be reviewed.</li> </ol> </li> <li>5. The Investigations Worker shall establish contact with the reporting source to obtain additional information.</li> </ol>
	<p><b>Procedure C: General Procedures for Investigation</b></p> <ol style="list-style-type: none"> <li>1. Investigations shall be conducted in a manner, which is appropriate to and respectful of the culture and primary language of the client.</li> <li>2. The Investigations Worker shall make efforts to obtain an interpreter while conducting an investigation if the family does not speak English.</li> <li>3. The Investigations Worker shall initiate the investigation as soon as possible, but no later than 24 hours after receipt of the report unless the report is prioritized as an emergency (in which case it is initiated even sooner).</li> <li>4. All Priority Level I reports shall be considered emergencies and responded to within 30 minutes.</li> <li>5. Initiation of the investigation is established when the Investigations Worker makes face-to-face contact with the child and has spoken with the child out of the presence of caretakers alleged to have abused or neglected the child or when documented good faith efforts have been made to see the child. The 24-hour timeframe commences when the report is received. The initial home visit should be unannounced.</li> </ol>

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	<p>6. The investigation and assessment shall ascertain the following:</p> <ul style="list-style-type: none"> <li>a. the nature, extent, and cause of the abuse or neglect;</li> <li>b. the identity of the person responsible for the abuse or neglect;</li> <li>c. the name, age, sex, and condition of the abused or neglected child and all other children in the home;</li> <li>d. the conditions in the home at the time of the investigation;</li> <li>e. whether there is any child in the home whose health, safety, or welfare is in jeopardy because of his or her treatment in the home or his or her home environment; and</li> <li>f. whether any child who is in jeopardy because of treatment in the home or his or her home environment should be removed from the home or can be protected by the provision of resources.</li> </ul> <p><i>D.C. Code § 4-1301.06</i></p> <p>7. The investigation and assessment shall include, but not be limited to, the following:</p> <ul style="list-style-type: none"> <li>a. contact with the reporting source to obtain additional information and determine if the child is in imminent danger of serious harm;</li> <li>b. review of closed case records, both hard copy and automated, and prior reports to obtain a history for the family in terms of previous allegations and perpetrators;</li> <li>c. face-to-face contact with all persons in the report and household including parents, caregivers, and children;</li> <li>d. interview with all children outside the presence of their parents or caregivers;</li> <li>e. obtain statements from parents, caregivers, children, and collaterals;</li> <li>f. safety and risk assessment to determine if the child is in imminent danger;</li> <li>g. contact with Collaboratives for emergency assessment and supportive services;</li> <li>h. investigation of the specific allegations contained in the report;</li> <li>i. comprehensive neglect investigation in terms of food, clothing, shelter, education, medical care, and supervision;</li> <li>j. contact officials (DC Housing or Fire Department) for deplorable situations, structure damage, or homes for inspection (take photographs);</li> <li>k. obtain supporting documents;</li> <li>l. contact with daycare personnel, pre-school or school staff, including the child's teacher, school nurse, or social worker;</li> <li>m. contact with the medical provider to obtain medical information regarding current and historical information for the child (which may require an authorization);</li> </ul>
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	<p>n. assess the need for medical, psychological, and psychiatric evaluations for the child and other children in the household and ensure that they are conducted prior to the completion of the investigation;</p> <p>o. medical examination within 48 hours for all children for whom a report of abuse or neglect has been substantiated and who have not received a comprehensive medical examination within the time period recommended by the American Academy of Pediatrics;</p> <p><i>Note: In accordance with the Implementation Plan, full compliance with this requirement shall be attained by December 2006.</i></p> <p>p. contact and consultation with the Office of Clinical Services for initiation and coordination of medical, psychological, and psychiatric services, to access a resource pool available to assist workers conducting the investigation;</p> <p>q. medical screening for all children within 24 hours of entering CFSA custody;</p> <p>r. a full medical and dental examination within 30 days of entering agency custody;</p> <p><i>Note: In accordance with the Implementation Plan, full compliance with this requirement shall be attained by June 2006.</i></p> <p>s. contact with relatives or neighbors when evidence indicates that they may have information pertinent to the investigation;</p> <p>t. contact with any community social service provider known to be providing services to the family within the past 12 months; and</p> <p>u. contact with D.C. Superior Court to obtain criminal background information on all adults in the household and other adults with access to the child in the home.</p> <p>8. Upon arrival to the assessment location and/or home, the Investigations Worker shall complete the following:</p> <p>a. exchange proper introductions, provide identification, and request identification from the parent or caregiver;</p> <p>b. explain the purpose and function of the Investigations Division within CFSA;</p> <p>c. cite the DC Code establishing legal authority to investigate reports of maltreatment. <i>“The Agency shall have as its functions and purposes...receiving and responding to reports of child abuse and neglect...and conducting a social service investigation of child abuse and neglect cases...” DC Code § 4-1303.01a;</i></p> <p>d. provide parent or caregiver with a written description of the families rights and responsibilities;</p> <p>e. provide the allegations contained in the report; and</p> <p>f. obtain a release of information from the parent, caregiver, or other person who has legal authority to release information about the family.</p>
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	<p>9. If upon investigation, the Investigations Worker determines that there is additional maltreatment with other families residing in the home (not the family named in the initial report), the Investigations Worker shall:</p> <ol style="list-style-type: none"> <li>notify the hotline of the need for a report on the other families residing in the home, companion report(s); and</li> <li>retain the report(s) and conduct a comprehensive investigation.</li> </ol> <p>10. If upon investigation, the Investigations Worker determines that a higher level of maltreatment has occurred, the Investigations Worker shall:</p> <ol style="list-style-type: none"> <li>notify the hotline of the need for an additional report;</li> <li>retain the report and continue the comprehensive investigation; and</li> <li>contact YPSD, if appropriate, for a joint investigation or criminal prosecution.</li> </ol> <p>11. If upon investigation, the Investigations Worker determines that there are additional substantiated allegations, the Investigations Worker shall:</p> <ol style="list-style-type: none"> <li>add additional allegations on the Allegations screen in FACES; and</li> <li>substantiate the allegations on the Assessment Findings screen in FACES.</li> </ol> <p>12. If the family is not at home, the Investigations Worker shall complete the following within 24 hours:</p> <ol style="list-style-type: none"> <li>leave a notification letter at the home, indicating that a report has been received and requesting contact (<b>only for neglect reports</b>);</li> <li>conduct a school visit to interview the child, if child is school age (to the neighborhood school or the school listed in the referral);</li> <li>interview neighbors, resident managers, or landlords to confirm the address or determine the whereabouts of the family;</li> <li>conduct at least 2 additional home visits at various times; and</li> <li>send a certified letter within 24 hours of the home visit if the family fails to respond (<b>only for neglect reports</b>).</li> </ol> <p><i>Note: Notification for physical abuse and sexual abuse reports shall be face-to-face.</i></p> <p>13. If the family refuses to cooperate, the Investigations Worker shall complete the following:</p> <ol style="list-style-type: none"> <li>contact Investigations Supervisor immediately;</li> <li>contact MPD for assistance;</li> <li>contact Assistant Corporation Counsel (ACC) for legal advice;</li> <li>convene a case staffing to determine plan of action; and</li> <li>complete Pre-Petition Custody Order if appropriate.</li> </ol>
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	<p>14. If the Investigations Worker, upon investigation, determines that another jurisdiction is involved:</p> <ul style="list-style-type: none"> <li>a. If the maltreatment occurred in the District of Columbia, but the family or children reside outside of the jurisdiction, the Investigations Worker shall complete the following: <ul style="list-style-type: none"> <li>i. conduct parts of the investigation without violating jurisdictional boundaries (may include a request for the parties to be interviewed at CFSA or that a medical evaluation be conducted at Children's National Medical Center (CNMC));</li> <li>ii. request a courtesy interview and home visit from the outside jurisdiction;</li> <li>iii. document the results of the outside jurisdiction's home visit and interview; and</li> <li>iv. consult with an ACC for legal advice if deemed necessary.</li> </ul> </li> <li>b. If the maltreatment occurred in another jurisdiction, but the family or children reside in the District of Columbia, the Investigations Worker shall complete the following: <ul style="list-style-type: none"> <li>i. conduct an investigation to determine where the alleged maltreatment occurred;</li> <li>ii. make a report of the alleged maltreatment to the jurisdiction where it occurred;</li> <li>iii. conduct a courtesy interview and home visit if requested by the other jurisdiction;</li> <li>iv. document the results of the investigation and obtain a disposition from the other jurisdiction; and</li> <li>v. consult with an ACC for legal advice if deemed necessary.</li> </ul> </li> </ul> <p>15. If the Investigations Worker, upon investigation, determines that the following conditions are present, the child shall be transported to CNMC for a medical evaluation, after consulting with the Investigations Supervisor and health providers:</p> <ul style="list-style-type: none"> <li>a. observable injuries, including bruises or scratches which are unexplained, at variance with the explanation provided, or otherwise suspicious;</li> <li>b. speech or behavior which suggests the possibility of internal injuries or the need for medical care;</li> <li>c. development (i.e., weight, height) which is inconsistent with the expected range for the child's age;</li> <li>d. a report of the ingestion of any harmful substance;</li> <li>e. a report or indication of sexual molestation or assault; and</li> <li>f. other conditions which suggest the need for a medical evaluation.</li> </ul>
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	<p><i>Note: CFSA shall provide appropriate medical, psychological, or psychiatric evaluations of children as part of the investigation of abuse or neglect in cases where it is determined that such evaluations are necessary. All children, for whom such evaluations are necessary during the investigation period, shall receive the required evaluations during the investigation process and prior to the time the investigation is completed.</i></p>
	<p><b>Procedure D: Sexual Abuse Investigations</b></p> <ol style="list-style-type: none"> <li>1. Sexual abuse reports shall be conducted in collaboration with YPSD. The collaborative investigation shall include, but not be limited to, the following: <ol style="list-style-type: none"> <li>a. determining if the child requires medical attention;</li> <li>b. ascertaining the identity of the alleged perpetrator;</li> <li>c. detaining the suspect if he/she is on the scene (YPSD);</li> <li>d. preserving the evidence;</li> <li>e. interviewing the child (on-scene interview should be kept to a minimum) and other witnesses; and</li> <li>f. processing the arrest of the perpetrator (YPSD).</li> </ol> <p><i>Note: Every instance of sexual abuse shall be investigated by a multidisciplinary team. D.C. Code § 4-1301.51</i></p> </li> <li>2. The procedures for conducting a sexual abuse investigation shall be as follows: <ol style="list-style-type: none"> <li>a. Investigations Supervisor shall contact YPSD upon receipt of the report to facilitate a collaborative investigation;</li> <li>b. Investigations Worker shall conduct a joint investigation with the YPSD investigator, within 24 hours;</li> <li>c. Investigations Worker shall not proceed with the investigation without YPSD until all efforts have been made to collaborate;</li> <li>d. a forensic interview shall be requested at the Children's Advocacy Center (CAC) as soon as possible, but no later than 48 hours where: <ol style="list-style-type: none"> <li>i. the child is 12 years of age or under;</li> <li>ii. there is an intra-familial relationship between the child and the alleged perpetrator regardless of the child's age;</li> <li>iii. the child has emotional, developmental, learning or other disabilities;</li> <li>iv. the child is non-communicative on the scene;</li> <li>v. the child discloses sexual abuse during an investigation;</li> <li>vi. the child has not previously had a forensic interview; <ul style="list-style-type: none"> <li>• not including interviews for other matters; or</li> <li>• situations where the story has changed</li> </ul> </li> <li>vii. another individual has observed the abuse; or</li> <li>viii. there are physical findings of abuse.</li> </ol> </li> </ol> </li> </ol>

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	<ul style="list-style-type: none"> <li>e. Investigations Worker and YPSD investigator shall conduct a case conference, if the child does not disclose, to determine a plan of action;</li> <li>f. a Medico-Legal for the victim shall be obtained within 72 hours of the alleged assault or within 48 hours if it is unknown how much time has elapsed or the report was made more than 72 hours after the alleged assault for the purpose of a forensic examination when: <ul style="list-style-type: none"> <li>i. child has disclosed sexual abuse or been observed in sexual activities which are abusive or the child has a medical diagnosis of the following: reportable STDs (i.e., gonorrhea, syphilis, chlamydia), HIV positive with no alternative source of transmission, other sexually transmitted diseases (i.e., trichomonas, genital herpes, or venereal warts) with no alternative source of transmission; or</li> <li>ii. child's primary care provider indicated unusual genital or anal findings.</li> </ul> </li> <li>g. a Medico-Legal for the siblings/household members/other children to whom the known perpetrator has had access shall be obtained for the purpose of a forensic examination when: <ul style="list-style-type: none"> <li>i. the identified victim reports seeing abuse of the sibling;</li> <li>ii. the identified victim or sibling has not disclosed abuse, but there remains strong suspicion of abuse;</li> <li>iii. the identified victim's examination indicates that sexual abuse has most likely occurred; or</li> <li>iv. the identified victim has a diagnosis of reportable STDs.</li> </ul> </li> </ul> <p><i>Note: Genital symptoms such as discharge, itching, bleeding, or inflammation not related to sexual assault should be evaluated by the primary care provider. Sexualized behaviors without disclosure of sexual abuse should be evaluated by a mental health professional.</i></p> <ul style="list-style-type: none"> <li>h. the Investigations Worker shall complete referral to Crime Victims Compensation Program when appropriate.</li> </ul>
	<p><b>Procedure E: Physical Abuse Investigations</b></p> <ul style="list-style-type: none"> <li>1. Physical abuse reports are assigned based on two levels. The level is determined by the immediate protection needs of the child, presence of physical evidence, child's vulnerability, and extent of alleged injuries. See <i>Attachment A: Priority Criteria</i>.</li> <li>2. A Priority Level I (abuse) report requires: <ul style="list-style-type: none"> <li>a. assignment to the Special Abuse Unit;</li> <li>b. an emergency response;</li> <li>c. a collaborative investigation with YPSD;</li> </ul> </li> </ul>

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	<ul style="list-style-type: none"> <li>d. that the child receives medical attention;</li> <li>e. the identity of the alleged perpetrator be ascertained;</li> <li>f. the interviewing the child and other witnesses;</li> <li>g. the taking photographs of injuries and facial portrait of child;</li> <li>h. labeling photographs; <ul style="list-style-type: none"> <li>i. date, time, and location</li> <li>ii. name of child</li> <li>iii. name of photographer</li> <li>iv. injury location</li> </ul> </li> <li>i. a Medico-Legal for victim and siblings (document findings in FACES contact); and</li> <li>j. completion of a referral to Crime Victims Compensation Program.</li> </ul> <p>3. A Priority Level II (abuse) report requires:</p> <ul style="list-style-type: none"> <li>a. assignment to an Investigation Unit;</li> <li>b. 24 hour response, unless a faster response time is otherwise indicated;</li> <li>c. notification of YPSD;</li> <li>d. determination of whether the child requires medical attention;</li> <li>e. the identity of the alleged perpetrator to be ascertained;</li> <li>f. the interviewing the child and other witnesses;</li> <li>g. the taking photographs of injuries and facial portrait of child;</li> <li>h. labeling photographs <ul style="list-style-type: none"> <li>i. date, time, and location</li> <li>ii. name of child</li> <li>iii. name of photographer</li> <li>iv. injury location</li> </ul> </li> <li>i. a Medico-Legal for victim and siblings if necessary; and</li> <li>j. completion of a referral to Crime Victims Compensation Program, if there is police involvement.</li> </ul>
	<p><b>Procedure F: Institutional Investigations</b></p> <p>1. Institutional Investigation reports shall be assigned to the Institutional Investigation Unit during regular hours. Reports received, after regular business hours, shall be assigned to an investigation unit and reassigned to the Institutional Abuse Unit for completion. <i>See Institutional Investigations Policy.</i></p> <p><i>Note: No removals shall be conducted from institutions without prior approval from the Program Administrator.</i></p>

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	<p><b>Procedure G: Boarder Baby Investigations</b></p> <ol style="list-style-type: none"> <li>1. A Boarder Baby is a newborn who has resided in a District hospital for at least 10 days following birth, despite a medical determination of being ready for discharge, and whose parent, guardian, or custodian, as established by hospital admission records, has not taken any action nor made any effort to maintain a parental, guardianship, or custodial relationship with the child. The following shall be completed by the Investigations Worker within three (3) working days of learning the baby is ready for discharge: <ol style="list-style-type: none"> <li>a. conduct hospital visit to observe baby;</li> <li>b. obtain available admission and medical records for birth mother and baby;</li> <li>c. attempt to locate the parents or caregivers;</li> <li>d. complete and submit request to CFSA's Diligent Search Unit;</li> <li>e. make efforts to locate relatives or other possible caregivers;</li> <li>f. determine whether a parent, relative, or other caregiver is willing and able to provide safe care for the child;</li> <li>g. assist the parent or other caregiver in planning for the child's discharge; and</li> <li>h. transfer the case to In-Home and Reunification for on-going services.</li> </ol> </li> <li>2. If the parents or an appropriate relative resource are not found the Investigations Worker shall: <ol style="list-style-type: none"> <li>a. submit placement recommendation for a foster-to-adopt home if the child requires a foster care placement;</li> <li>b. remove the child from the hospital and place in a foster home; and</li> <li>c. transfer case to Adoptions.</li> </ol> <p><i>Note: CFSA shall locate an appropriate placement within 72 hours of being notified by a hospital that a child will be medically ready for discharge and cannot be discharged to his or her parents.</i></p> </li> </ol>
	<p><b>Procedure H: Drug-Exposed Infant Investigations</b></p> <ol style="list-style-type: none"> <li>1. Reports from hospitals or other medical providers regarding drug-exposed infants shall be investigated.</li> <li>2. Indicators of exposure of infants to drug-related activity include the following: <ol style="list-style-type: none"> <li>a. a child is born addicted or dependent on a controlled substance or has significant presence of a controlled substance in his or her system at birth;</li> </ol> </li> </ol>

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	<ul style="list-style-type: none"> <li>b. has a controlled substance in his or her body as a direct and foreseeable consequence of the acts or omissions of the child's parent, guardian, or custodian; or</li> <li>c. is regularly exposed to illegal drug-related activity in the home. <i>D.C. Code § 4-1301.06a</i></li> </ul> <p>3. The procedures for conducting a drug-exposed infant investigation shall be as follows:</p> <ul style="list-style-type: none"> <li>a. the Investigations Unit shall immediately forward a copy of the report to the Health Services Unit in the Office of Clinical Practice (OCP);</li> <li>b. the Health Services Unit shall forward a referral to Healthy Start within 24 to 72 hours;</li> <li>c. the Investigations Worker shall conduct an unannounced initial home visit within 24 hours of receipt of the report to assess the level of safety and risk for the infant and other children in the home;</li> <li>d. a joint assessment with the Department of Health, Maternal and Family Administration shall be coordinated by OCP and occur within 5 to 7 days from the report;</li> <li>e. an initial staffing shall be conducted, with representatives from Health Services, Substance Abuse, and Investigations within 7 to 10 days of the report. The staffing shall address safety issues, risk factors, the mother's willingness to participate in substance abuse treatment, the mother's willingness to work with Healthy Start, and service needs; and</li> <li>f. the Investigations Worker shall complete a comprehensive investigation (which shall include the determinations in Procedure K: Substance Abuse Investigations (section 1.a. - 1.d.) within 30 days and transfer the case to a specialized unit in In-Home/Reunification Services Division.</li> </ul>
	<p><b>Procedure I: Child Fatality Investigations</b></p> <p>1. Reports of child fatalities shall be completed by the Investigations Worker as follows:</p> <ul style="list-style-type: none"> <li>a. conduct the investigation in collaboration with MPD or SVU;</li> <li>b. obtain police report, death certificate, autopsy report or other pertinent documents if possible; and</li> <li>c. attend the Critical Event and Internal Child Fatality Meetings.</li> </ul> <p><i>See Child Fatality Policy and Critical Events Policy</i></p>

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	<p><b>Procedure J: Domestic Violence Investigations</b></p> <ol style="list-style-type: none"> <li>1. A report of domestic violence involves a pattern of assaultive and coercive behaviors, including physical, sexual and psychological attacks, as well as economic coercion that adults use against their intimate partners. It occurs along a continuum of severity and may include:             <ol style="list-style-type: none"> <li>a. bodily injury or assault</li> <li>b. sexual abuse</li> <li>c. economic oppression</li> <li>d. isolation or intimidation</li> </ol> </li> <li>2. The primary focus of the investigation in domestic violence cases is the ongoing safety of the children. The procedures for conducting a domestic violence investigation shall be as follows:             <ol style="list-style-type: none"> <li>a. Alert the Domestic Violence Coordinator by providing a copy of the report and establishing contact;</li> <li>b. During the initial investigation, determine the level of risk for the child(ren) residing in the home and the ability of the non-offending parent to protect the child(ren);</li> <li>c. Obtain a criminal background check for the alleged perpetrator(s);</li> <li>d. Contact DC Superior Court to obtain information regarding Civil Protection Orders ;</li> <li>e. Provide referrals for domestic violence shelters or groups as appropriate; and</li> <li>f. complete referral to Crime Victims Compensation Program.</li> </ol> <p>See <i>Military Investigations</i> if family is active duty</p> </li> </ol>
	<p><b>Procedure K: Substance Abuse Investigations</b></p> <ol style="list-style-type: none"> <li>1. A report involving a history of substance abuse for the parent or caregiver shall include the following additional actions by the Investigations Worker:             <ol style="list-style-type: none"> <li>a. determine whether there is reasonable evidence that any member of the child's home environment uses drugs illegally, is dependent on drugs, or needs drug abuse treatment;</li> <li>b. determine whether there is reasonable evidence that the child is exposed regularly to drug use in the home environment;</li> <li>c. determine whether there is reasonable evidence that the distribution or sale of illegal drugs or drug paraphernalia occurs in the child's home environment;</li> <li>d. determine whether there is reasonable evidence that drug-related activity has contributed to or is likely to contribute to violent conduct within the child's home environment;</li> </ol> </li> </ol>

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	<ul style="list-style-type: none"> <li>e. determine the level of service delivery based upon; <ul style="list-style-type: none"> <li>i. frequency of substance use</li> <li>ii. safety assessment</li> <li>iii. family willingness to comply with safety plan</li> </ul> </li> <li>f. develop a service agreement that targets substance abuse;</li> <li>g. refer the parent or caregiver to Addiction Prevention Recovery Administration (APRA);</li> <li>h. contact CFSA's Substance Abuse Specialist for assistance with referrals; and</li> <li>i. obtain a release of information for mental health and substance abuse treatment from the parent or caregiver.</li> </ul>
	<p><b>Procedure L: Voluntary Placements</b></p> <ul style="list-style-type: none"> <li>1. Voluntary Placement requests are reports received at the Hotline regarding a parent, guardian, or custodian requesting that CFSA take temporary custody of a child. Voluntary care requires the following: <ul style="list-style-type: none"> <li>a. the need for care shall not exceed 21 days (21 day extension);</li> <li>b. reasonable possibility of case resolution without Court intervention within the timeframe;</li> <li>c. completion of the Voluntary Placement Agreement; and</li> <li>d. approval by the Principal Deputy Director.</li> </ul> </li> </ul> <p><i>See Foster Care Policy</i></p>
	<p><b>Procedure M: Unwilling Caregivers</b></p> <ul style="list-style-type: none"> <li>1. Reports of unwilling caregivers are received at the Hotline are responded to as emergencies. The following shall be completed by the Investigations Worker: <ul style="list-style-type: none"> <li>a. determine if reasonable efforts can be made to prevent the removal;</li> <li>b. inform the unwilling caregiver that he/she shall be named as the maltreater in the report; and</li> <li>c. inform the caregiver of the Court proceedings.</li> </ul> </li> <li>2. If the caregiver is unwilling due to mental health concerns, these additional steps shall be taken by the Investigations Worker: <ul style="list-style-type: none"> <li>a. obtain detailed information regarding mental health history;</li> <li>b. accompany the caregiver for a mental health evaluation; and</li> <li>c. determine if the child is at risk and if a removal is warranted.</li> </ul> </li> </ul>

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	<p><b>Procedure N: Left Alone and Inadequate Supervision Investigations</b></p> <ol style="list-style-type: none"> <li>1. Reports received at the Hotline regarding children who are left alone or with inadequate supervision shall be responded to as emergencies. The following procedures shall be followed for left alone and inadequate supervision situations: <ol style="list-style-type: none"> <li>a. reasonable efforts to locate parent or caregiver while in the home;</li> <li>b. if parent or caregiver cannot be located, transport child to CFSA;</li> <li>c. notice left for parent or custodian stating the procedure for reclaiming the child;</li> <li>d. continue attempts to locate parent or caregiver;</li> <li>e. if parent or caregiver responds <ol style="list-style-type: none"> <li>i. conduct investigation</li> <li>ii. inform and counsel parent or caregiver of appropriate supervision of children and the law, if removal is not necessary</li> </ol> </li> <li>f. submit placement recommendation if placement is required.</li> </ol> </li> </ol> <p><i>Note: If a worker is unable to respond immediately, CFSA shall inform the MPD of the report. If the MPD is transporting a child to the Agency because he/she is left alone, this is not considered to be "taking the child into custody" until an investigation is completed and determination is made that warrants removal.</i></p>
	<p><b>Procedure O: Internal and District Officials Investigations</b></p> <ol style="list-style-type: none"> <li>1. Investigations of reports involving acts or omissions of either CFSA or MPD or their employees shall be conducted by the department, which is not involved. <ol style="list-style-type: none"> <li>a. When the identified maltreater is an employee of MPD, the investigation may involve MPD Internal Affairs Division as well as CFSA. When the identified maltreater is an employee of CFSA, a coordinated investigation will be conducted.</li> <li>b. the Investigations Worker shall follow the steps outlined in <i>Procedure C: General Procedures for Investigation</i>.</li> </ol> </li> <li>2. All reports of maltreatment involving CFSA personnel, MPD personnel, or other District officials shall be immediately reported through the CFSA Director or Deputy Director.</li> </ol>
	<p><b>Procedure P: Diplomatic Immunity Investigations</b></p> <ol style="list-style-type: none"> <li>1. The Corporation Counsel shall be immediately notified when reports of maltreatment, in which the alleged perpetrator has diplomatic immunity, are received.</li> <li>2. The Corporation Counsel shall contact the State Department to determine the level of immunity, which shall then determine the extent of the investigation.</li> </ol>

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	<p>3. Upon receipt of legal advice, the Investigations Worker shall conduct an investigation following the procedures outlined under <i>Procedure C: General Procedures for Investigation</i> of this policy.</p>	
	<p><b>Procedure Q: Military Investigations</b></p> <p>1. The procedures for conducting investigations of reports of alleged maltreatment involving active duty military personnel assigned to or otherwise connected to Walter Reed Army Medical Center (WRAMC) shall be as follows:</p> <ol style="list-style-type: none"> <li>Investigations Worker shall contact the WRAMC Provost Marshall Office;</li> <li>The WRAMC Provost Marshall shall prepare an Army Form DA3975, Military Police Report; and</li> <li>Investigations Worker shall provide child protective services and medical treatment in a joint and collaborative manner with the WRAMC.</li> </ol>	
	<p><b>Procedure R: Runaway Investigations</b></p> <p>1. Reports received from MPD regarding a child who is listed as a Missing Person on the NCIC shall be received at the Hotline and handled by an Investigation Unit. The criteria for accepting a report shall be as follows:</p> <ol style="list-style-type: none"> <li>no allegations of abuse or neglect;</li> <li>the child is not a Ward of CFSA (these are considered abscondences and handled by the on-going social worker);</li> <li>the child does not have an open case with YSA, or criminal charges pending;</li> <li>MPD has been unable to locate the parents or caregivers within 3 hours of locating the child when the child is a resident of the District of Columbia; and</li> <li>MPD has been unable to arrange for the parents or other jurisdiction to return the child within 5 hours of locating the child when the child is not a resident of the District of Columbia (according to ICPC protocol).</li> </ol> <p>2. The Investigations Worker shall complete the following procedures for reports involving a runaway:</p> <ol style="list-style-type: none"> <li>secure a Physical Custody Exchange Form and Juvenile Incident Report (PD 379-C) from the MPD officers;</li> <li>continue efforts to locate the parents or caregivers of the child;</li> <li>return the child to the parents or caregivers after obtaining appropriate identification from the individual;</li> <li>conduct a removal if the parents or caregivers cannot be located within a reasonable length of time or if they are unwilling to accept the child back into their care; and</li> <li>make arrangements for the child to return home through ICPC if the child is not a resident of the District of Columbia and the child could not be returned within the 5-hour window provided by ICPC regulations.</li> </ol>	
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## **Procedure S: Safety, Risk Assessment, and Family Assessment**

1. The Investigations Worker shall assess the immediate protection, risk, and safety needs of the child, the family's strengths, needs, and challenges, capacity and willingness of the family to provide for and protect the child, using the Safety, Risk, and Family Assessment tools in FACES. See *Safety and Risk Assessment Policy*.
2. In addition to the Safety, Risk, and Family Assessment tools, the Investigations Worker shall use the following criteria in the decision making process: signs of present danger, protective capacities, child vulnerability factors, and the caretaker/family and child danger factors. See Attachment B.
3. The FACES Safety Assessment shall be completed at the onset of the investigation to determine the immediate threat or danger of harm to the child. An initial Safety Assessment shall be:
  - a. completed within 24 hours of face-to-face contact with the child victim;
  - b. completed for all children in the home;
  - c. used in development of interventions to prevent the removal of the child from the home; and
  - d. completed for substantiated or unfounded investigations.
4. The FACES Risk Assessment shall be used throughout the investigation to assist in determining the risks to the child. The risk assessment instrument shall be:
  - a. completed within 30 days of the date of the acceptance of a report for investigation;
  - b. used in developing the overall service plan for a case that is substantiated;
  - c. used to assess each maltreatment allegation identified in the report, for each victim, and any other maltreatment during the investigation; and
  - d. completed for all substantiated or unfounded investigations.
5. The family assessment instrument is the companion piece to the risk assessment and is used to evaluate the presenting problems and strengths of the family. The family assessment shall be:
  - a. completed in FACES within 30 days of the date of the receipt of a report for investigation; and
  - b. completed for all substantiated and unfounded cases.
6. The Investigations Supervisor shall review each factor under the Safety, Risk and Family Assessments for accuracy and appropriateness. If changes are required, the Investigations Supervisor shall inform the Investigations Worker of the needed change and the rationale.

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## **Procedure T: Emergency Assessment Program Referrals**

1. Child maltreatment is a complex and multidimensional issue and requires a cooperative effort between CFSA and community collaboratives to effectively intervene in the lives of maltreated children and their families. The Collaboratives established the Emergency Assessment Program (*EAP*) as an early intervention and community linkage to families with children who are at risk of out-of-home placement to address the emergency needs of families in the District of Columbia.
2. If a child is found to be at imminent risk of removal or requires emergency intervention, the Investigations Worker shall consult with the Investigations Supervisor to determine whether a referral to the EAP is appropriate.

*Note: EAP works specifically with moderate- to high-risk families based on the Risk Assessment tool.*

3. If a referral to EAP is appropriate, the Investigations Worker shall complete the EAP Referral form and submit it to the CFSA Community Coordinator (CO).
4. The CFSA CO reviews the case and forwards it to an on-call Collaborative *EAP* Team Leader who shall accept the case and assign it to an *EAP* coordinator.
5. The CFSA CO shall notify the CFSA investigator that the case has been accepted for *EAP*, and the CFSA investigator shall then contact the Collaborative coordinator to share case information and coordinate initial contact (i.e., home, hotel, hospital, school, office, etc.) with the family.
6. The CFSA investigator shall introduce the Collaborative social worker to the family (in-person if possible) and thoroughly explain the *EAP* Program and during this time secure the releases of information that allow the EAP staff to begin working with the family.
7. The CFSA investigator and the Collaborative social worker shall conduct a joint home visit to the family.
8. The CFSA investigator shall develop a safety plan/immediate service agreement with the input of the Collaborative social worker, that delineates all expectations and responsibilities that CFSA, *EAP*, and the family agree to carry out.
9. The Collaborative social worker shall submit a preliminary status report within 5 business days of the initiation of the intervention and shall complete his/her involvement and submit a final report within 14 business days.
10. The CFSA investigator shall maintain regular on-going contact with the Collaborative *EAP* coordinator, visit the family as deemed appropriate, and complete all required investigation collateral contacts.
11. On the 20<sup>th</sup> business day of the investigation or earlier, if the outcome of the investigation determines that the case is to be closed and transferred to one of the Collaboratives, the CFSA investigator shall conference the case with her/his supervisor and determine Investigation Disposition.

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## **Procedure U: Removal and Placement**

1. CFSA has the full authority to conduct removals without the assistance of MPD or YPSD.
2. When the child is in immediate or imminent danger, the Investigations Worker shall consider a broad range of safety-oriented responses, including those that protect a child without taking custody of the child (e.g. making a referral or putting in services to ameliorate the abuse or neglect, including extended family supports).
3. If the Investigations Worker has reasonable grounds to believe that the child is in immediate danger from his or her surroundings, or is suffering from illness or injury or is otherwise endangered, and that removal of the child from his or her surroundings is necessary, then the Investigations Worker, in consultation with the Investigations Supervisor and Program Manager, shall conduct a removal. The Investigations Worker shall complete the following in conducting a removal:
  - a. collect information on the child and family;
    - i. school enrollment
    - ii. health records
    - iii. medical history
    - iv. special needs
    - v. dietary needs (including allergies)
    - vi. potential relative resources
    - vii. medical care providers
  - b. request clothing, medication (should be provided to the medical doctor during the screening for the purpose of rewriting a prescription), and personal belongings for the child;

*Note: CFSA staff shall NOT administer medications to the child. Only foster care providers, designated Health Services Administration staff, or medical professionals may administer medications to the child.*

- c. notify parents or caregivers of Court hearing date and time, and Courtroom;
- d. submit placement request for an appropriate setting through FACES;
- e. begin process for completion all Child Protection Register clearances, criminal records checks, social and home assessment requirements before a child is placed with a relative;
- f. arrange for medical screening or Medico-Legal;
- g. place the child in foster care placement *See Placement Policy*, and
- h. explore relative resources as placement options.

*Note: All placements shall be in a licensed foster home/facility. There shall be no placements in another jurisdiction unless an ICPC has been approved.*

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	<ul style="list-style-type: none"> <li>i. complete a Complaint Form and an Affidavit of Reasonable Efforts;</li> <li>j. refer the case to the Office of Corporation Counsel immediately for filing an abuse or neglect petition; and</li> <li>k. complete the Citizen/Alienage Declaration (CAD) and the Medicaid Form (30A) within 24 hours to the Medicaid Entitlement Unit.</li> </ul> <p>4. The Program Administrator shall approve the following:</p> <ul style="list-style-type: none"> <li>a. All removals after 9:00pm;</li> <li>b. All removals on weekends or holidays; and</li> <li>c. All removals resulting from Institutional Investigations.</li> </ul> <p>5. A medical screening must occur within 24 hours of removal or prior to placement and shall be required for the following:</p> <ul style="list-style-type: none"> <li>a. initial placement;</li> <li>b. change of placement;</li> <li>c. return to parents; and</li> <li>d. Conditional Release to relative.</li> </ul> <p><i>Note: For children for whom a Medico-Legal was obtained, the DC Kids Enrollment Form must be completed. All other children are automatically enrolled in DC Kids at the time of the medical screening.</i></p> <p>6. The following shall be completed for a medical screening (for non-abuse cases):</p> <ul style="list-style-type: none"> <li>a. transport child to CNMC;</li> <li>b. identify child as DC Kids;</li> <li>c. enter demographics into database;</li> <li>d. indicate Medical Screening;</li> <li>e. complete the registration process;</li> <li>f. complete the screening process;</li> <li>g. if child requires emergency care or mental health services, child shall be rerouted to emergency room;</li> <li>h. obtain screening forms from the provider; and</li> <li>i. fill prescriptions.</li> </ul> <p>7. The Investigations Worker shall complete the following for a Medico-Legal (physical abuse and sexual abuse cases):</p> <ul style="list-style-type: none"> <li>a. transport child to CNMC;</li> <li>b. identify child as DC Kids;</li> <li>c. enter demographics into database;</li> <li>d. indicate Medico-Legal; and</li> <li>e. contact CNMC CPS Unit.</li> </ul> <p><i>Note: Medico-Legals are required for all children in the home</i></p>
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	<p>8. The Investigations Worker shall continue to make reasonable efforts to avoid the need to place children in foster care and to return them home if they are removed. Some examples of reasonable efforts include, but are not limited to the following:</p> <ul style="list-style-type: none"> <li>a. helping client identify resource to pay utility bills;</li> <li>b. arranging homemaker services;</li> <li>c. transporting children to medical appointment;</li> <li>d. referral for drug treatment (APRA, Drug treatment Court, and Detoxification at DC General Hospital);</li> <li>e. referral for day care;</li> <li>f. referral to parenting classes;</li> <li>g. Collaborative Agency Referral;</li> <li>h. educational advocacy;</li> <li>i. assisting the client in obtaining Temporary Assistance to Needy Families; and</li> <li>j. referral for housing (shelter, transitional living).</li> </ul> <p>9. Reasonable efforts to preserve or reunify the family ARE NOT REQUIRED under the following circumstances:</p> <ul style="list-style-type: none"> <li>a. When the Court has determined that the parent: <ul style="list-style-type: none"> <li>i. subjected a sibling or another child to cruelty, abandonment, torture, chronic abuse, or severe sexual abuse;</li> <li>ii. committed the murder or voluntary manslaughter of a sibling or another child;</li> <li>iii. aided, abetted, attempted, conspired, or solicited to commit the murder or voluntary manslaughter of a sibling or another child; or</li> <li>iv. committed an assault that constitutes a felony against the child who is the subject of a petition before the Family Division of the Superior Court, a sibling, or another child.</li> </ul> </li> <li>b. When parental rights were involuntarily terminated in regards to a sibling.</li> </ul> <p>10. An Affidavit of Reasonable Efforts shall be completed for all removals.</p> <p>11. A CFSA Social Worker shall visit with the child who has been removed at least once each week for the first 8 weeks in the placement, or more frequently as necessary to ensure the child's adjustment to the placement. Each visit shall include a private visit with the child outside the presence of the foster parents, except when the child is a young infant. Any visitation with the child in their placement shall be documented in FACES under contacts.</p> <p>12. Subsequent to removal, weekly visitation with parents shall be conducted unless the Court Order stipulates otherwise. The visitation plan shall be entered in FACES and each visitation with parents or siblings shall be documented in FACES.</p>
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## **Procedure V: Court Activity**

1. Subsequent to a removal (except for Sundays), the Investigations Worker shall present the case to DC Superior Court on the following day to obtain a legal status for the removed child. The following shall be initiated subsequent to a removal:
  - a. Completion of Complaint Form to establish a hold on the child;
  - b. Completion of an Affidavit of Reasonable Efforts;
  - c. Petitioning of case with Corporation Counsel; and
  - d. Participation in Initial Court Hearing.
2. The Investigations Worker shall maintain responsibility for Court-related activities for 30 days subsequent to the transfer of the case to ongoing services. These activities include:
  - a. Completion of Mediation Reports (*See Mediation Policy*);
  - b. Participation in the Mediation Hearing;
  - c. Participation in other Court proceedings;
  - d. Completion of Court reports; and
  - e. Initiation of Court Ordered referrals.
3. Prior to the filing of a neglect petition (the term "neglect" includes both neglect and abuse allegations), the Investigations Worker shall have reasonable grounds to believe that the child needs to be removed because:
  - a. the child is in immediate danger from his or her surroundings and that removal of the child from his or her surroundings is necessary; or
  - b. the child is suffering from illness or injury or otherwise is endangered and that the child's removal from his or her surroundings is necessary.
4. If the Investigations Worker is unable to locate and/or remove the child whom he/she believes requires removal, the following shall be completed:
  - a. The Investigations Worker shall present the case to the Office of the Corporation Counsel for approval of the decision that a Pre-Petition Custody Order is legally warranted under the facts and circumstances presented.
  - b. The Investigations Worker shall complete an Affidavit and Request for Custody Order, which requires the Investigations Worker to provide the following information:
    - i. Respondent's Name;
    - ii. Respondent's Date of Birth;
    - iii. Respondent's Alias, if any;
    - iv. Respondent's Address;
    - v. Respondent's Description (Race, Sex, Height, Weight, YD#, CCN#, PDID#, Scars and Marks);

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	<ul style="list-style-type: none"> <li>vi. Investigations Worker's Name and Title;</li> <li>vii. Nature of the complaint/description of allegations and the detailed grounds for removal; and</li> <li>viii. Investigations Worker's signature in the presence of the ACC, who will swear the Investigations Worker to the information.</li> </ul> <ul style="list-style-type: none"> <li>c. The Investigations Worker shall take the signed and sworn affidavit to the Juvenile and Neglect Clerk's Office, Room 4310 in DC Superior Court, so that a case jacket can be prepared. The Clerk's Office shall then refer the Investigations Worker to a judicial officer (judge-in-chambers) to rule on the request for the custody order.</li> <li>d. Once the judge grants the request for the custody order, the custody order is to be executed by a law enforcement officer, and can be executed at any place in the District of Columbia, but not more than one year after the date it was issued.</li> <li>e. Once the custody order has been executed and the child has been brought to CFSA, the Investigations Worker shall immediately refer the case to the Corporation Counsel for papering and the Initial Hearing shall be held.</li> </ul>
	<p><b>Procedure W: Disposition</b></p> <ul style="list-style-type: none"> <li>1. At the conclusion of an investigation (no later than 30 days from receipt of the report), the Investigations Worker shall determine whether or not the maltreatment has occurred for each allegation and victim. The following assessment findings are indicated for each allegation: <ul style="list-style-type: none"> <li>a. substantiated - a report which is substantiated by credible evidence and is not against the weight of the evidence (e.g. educational neglect – a child's school record reveals that the child has never attended school)</li> <li>b. unfounded - a report which is made maliciously or in bad faith or which has no basis in fact (e.g. the family has no children)</li> <li>c. inconclusive - a report which cannot be proven to be either substantiated or unfounded (e.g. the alleged maltreater is reported to be a substance abuser but Investigations Worker is unable to locate the maltreater)</li> </ul> </li> </ul> <p><i>Note: Credible Evidence means any evidence that indicates that a child is an abused or neglected child, including the statement of any person worthy of belief. D.C. Code § 4-1301.02</i></p> <ul style="list-style-type: none"> <li>2. For the definition of "abuse" and "neglect," see Hotline Policy.</li> </ul>

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	<p>3. For educational neglect, every parent or guardian who resides in the district during the school year and who has custody of a minor between the ages of 5 and 18 must ensure regular attendance in school. The following criteria shall be used to substantiate educational neglect:</p> <ul style="list-style-type: none"> <li>a. child is not enrolled in an educational program, Job Corps, or home schooling;</li> <li>b. child has a pattern of unexcused absences not due to truancy;</li> <li>c. parent or caregiver refuses or fails to cooperate with the school's efforts, in-school or outreach, to ensure the child's attendance;</li> <li>d. parent or caregiver refuses to comply with the requirements for home instruction (disputes between parents and the school system regarding home education are not appropriate for Investigations unless the parent has refused to comply with the District's standards for home instruction).</li> </ul> <p>4. For medical neglect, the presumption exists that a parent or caregiver is fully responsible for ensuring that the child receives routine and emergency medical and dental care. The following criteria shall be used to substantiate medical neglect:</p> <ul style="list-style-type: none"> <li>a. the child has not been receiving medical or dental examinations in accordance with the standards set forth by the American Academy of Pediatrics;</li> <li>b. the parent or caregiver has failed or refused to take the child for appointments to evaluate a serious medical condition;</li> <li>c. the parent or caregiver has consistently failed to comply with appointments for routine medical care or appointments with specialists for a medical condition;</li> <li>d. the parent or caregiver has failed or refused to take the child for treatment for a serious and/or life-threatening condition;</li> <li>e. the parent or caregiver has withheld medically indicated treatment from a disabled infant with a life-threatening condition; or</li> <li>f. the child has been diagnosed as failure to thrive by a medical professional and it is not the result of a medical condition.</li> </ul> <p><i>Note: A lack of immunizations may, but does not necessarily always, constitute medical neglect, but educational neglect may be substantiated if the child is unable to attend school due to the lack of immunizations. Also, no child treated solely by spiritual means through prayer in accordance with the beliefs of a recognized church or religion by a duly accredited practitioner therefor shall be considered a neglected child for that reason alone. See D.C. Code § 16-2301(9)(B).</i></p>
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	<p>5. The following criteria shall be used to substantiate neglect relating to substance abuse:</p> <ul style="list-style-type: none"> <li>a. the newborn has a positive urine or meconium toxicology for drugs;</li> <li>b. the child has ingested a controlled substance as a direct and foreseeable consequence of the acts or omissions of a parent or caregiver;</li> <li>c. the child is regularly exposed to illegal drug-related activity in the home; and</li> <li>d. the parent or caregiver's substance abuse directly impacts their ability to care for the child.</li> </ul> <p><i>Note: the Court may not make a finding of neglect based solely on a finding that a child is born addicted or dependent on a controlled substance or has a significant presence of a controlled substance in his or her system at birth.</i></p> <p>6. The Investigations Worker shall determine the disposition based on the following:</p> <ul style="list-style-type: none"> <li>a. child's statements;</li> <li>b. perpetrator's statements;</li> <li>c. collateral statements;</li> <li>d. physical evidence;</li> <li>e. medical findings; and</li> <li>f. records or reports.</li> </ul> <p>7. A report shall be unfounded when none of the allegations of maltreatment are determined to have occurred. The following steps are required to close an unfounded investigation:</p> <ul style="list-style-type: none"> <li>a. document the reason for the conclusion;</li> <li>b. provide referrals for community services, when appropriate; and</li> <li>c. obtain a Consent to Referral and Authorization to Release Information from the family and complete a referral to the appropriate collaborative when services are requested.</li> </ul> <p>8. The Investigations Worker must take all feasible and practical steps to locate children who are the subject of a report and to interview them. An Investigations Worker shall determine that the investigation cannot be completed when they are unable to locate the family or when the family has moved out of the jurisdiction. The Investigations Worker shall complete the following procedures prior to closing the investigation:</p> <ul style="list-style-type: none"> <li>a. Three (3) consecutive home visits, within 48 hours of report acceptance, at various times unless incorrect address is verified by current occupant;</li> <li>b. certified letter;</li> <li>c. ACEDS request;</li> </ul>
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	<ul style="list-style-type: none"> <li>d. School visit and/or contact with DC Public Schools and DC Public Charter Schools to determine enrollment;</li> <li>e. other diligent search efforts (including contacting the police if appropriate); and</li> <li>f. referrals to other jurisdictions.</li> </ul> <p>9. A report shall be substantiated if one or more allegations of maltreatment are determined to have occurred. A case shall be opened if the Investigations Worker determines that maltreatment has occurred. Substantiated cases shall be transferred for ongoing services or if low risk, closed at Investigations. Cases that are closed at Investigations may be provided with referrals for community services or referred to another jurisdiction for follow-up.</p> <p>10. If the Investigations Worker determines that the family requires ongoing services and further assessment, the case shall be opened and transferred to the appropriate program. <i>See Procedure Y: Case Transfer.</i></p> <p>11. If the Investigations Worker determines that the family requires only short-term intervention due to an adequate support system and no safety concerns, the case shall be opened and closed at Investigations. Investigations Worker shall provide appropriate referrals and intervention prior to closing the case.</p> <p>12. Subsequent to a disposition, the Investigations Worker shall be required to notify the individual identified as the maltreater in a report of the outcome of the investigation. Within 7 days of the disposition, the Investigations Worker shall send a Letter of Notification of Disposition and Right to Fair Hearing to the individual identified in the report.</p>
	<p><b>Procedure X: Documentation</b></p> <p>1. All investigation activities shall be documented in FACES within 24 hours of their occurrence. The Investigations Worker's investigation and assessment report shall contain the following information:</p> <ul style="list-style-type: none"> <li>a. review of the hard copy and automated records;</li> <li>b. reason for agency involvement;</li> <li>c. contact with the reporting source;</li> <li>d. when and how the alleged maltreater was notified of the report;</li> <li>e. basic demographic information regarding the household composition including all information from the Intake Assessment Form;</li> <li>f. alleged maltreater's account of the events for each allegation;</li> <li>g. victim's account of the events for each allegation;</li> <li>h. description of the home environment, sleeping arrangements, food supply, and clothing for the children;</li> </ul>

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	<ul style="list-style-type: none"> <li>i. description of the parent's or caregiver's parenting style, discipline methods, and ability to meet the child's basic needs;</li> <li>j. history of maltreatment or threats to harm the child;</li> <li>k. parent's overall mental/physical health and how it affects their ability to care for the child;</li> <li>l. history of domestic violence (partners shall be interviewed separately);</li> <li>m. relationship between parents, caregivers, and significant others;</li> <li>n. relationship between father and child, including visitation and financial support;</li> <li>o. history of substance abuse in the home including drug of choice, past treatment, impact on parenting ability, and willingness to engage in treatment;</li> <li>p. the family's strengths, perceptions of their life circumstances, and plan for addressing the problems or concern identified in the investigation/assessment;</li> <li>q. any relative resources or other supports available to assist the child and family;</li> <li>r. collateral contacts and interviews with household members;</li> <li>s. contact with the schools and medical providers;</li> <li>t. supportive documentation;</li> <li>u. reasonable efforts to avoid placement;</li> <li>v. services provided during the investigation or previously; and</li> <li>w. recommendations.</li> </ul> <p>2. The above information shall be documented in FACES under the following:</p> <ul style="list-style-type: none"> <li>a. Safety Plan (within 24 hours of initial investigation);</li> <li>b. Risk Assessment/Family Assessment (within 30 days of report);</li> <li>c. Core Contacts (initial contact or attempt documented within 24 hours); <ul style="list-style-type: none"> <li>i. Victim (face-to-face contact within 24 hours)</li> <li>ii. Alleged Maltreater (face-to-face interview)</li> <li>iii. Household Members (interviews)</li> <li>iv. Collaterals (i.e. medical, education)</li> <li>v. Reporting Source</li> </ul> </li> <li>d. Client/Demographics;</li> <li>e. Collaterals;</li> <li>f. Notes;</li> <li>g. Assessment Findings;</li> <li>h. Case Connect;</li> <li>i. Investigation Closure; and</li> <li>j. File Cabinet <ul style="list-style-type: none"> <li>i. Complaint Form</li> <li>ii. Affidavit of Reasonable Efforts</li> </ul> </li> </ul>
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	<p>3. For all substantiated cases (closed or transferred), the following shall also be completed (when appropriate):</p> <ul style="list-style-type: none"> <li>a. <b>FACES</b> <ul style="list-style-type: none"> <li>i. removal/placement screens</li> <li>ii. permanency plan</li> <li>iii. court screens</li> </ul> </li> <li>b. <b>Hard Copy Record</b> <ul style="list-style-type: none"> <li>i. photographs</li> <li>ii. record checklist</li> </ul> </li> </ul>
	<p><b>Procedure Y: Case Transfer</b></p> <p>1. Cases requiring ongoing services, monitoring, and further assessment shall be transferred to one of the following programs within five (5) days of the removal or disposition:</p> <ul style="list-style-type: none"> <li>a. <b>In-Home and Reunification Services</b> <ul style="list-style-type: none"> <li>i. children remain in home, kinship care, or foster care;</li> <li>ii. moderate level with supportive services (based on the Safety , Risk, and Family Assessments); and</li> <li>iii. may entail Court involvement.</li> </ul> </li> <li>b. <b>Monitoring</b> <ul style="list-style-type: none"> <li>i. Private Agency</li> </ul> </li> <li>c. <b>Adoption Program</b> <ul style="list-style-type: none"> <li>i. child in pre-adoptive/adoptive home;</li> <li>ii. boarder babies;</li> <li>iii. adoption services;</li> <li>iv. primary or secondary case responsibility; and</li> <li>v. child shall have a goal of adoption and Committed by the Court.</li> </ul> </li> </ul> <p>2. A transfer staffing shall occur within five (5) days of the request to transfer the case;</p> <ul style="list-style-type: none"> <li>a the staffing is conducted to ensure continuity of services and transfer of information; and</li> <li>b staffings shall include representatives from the following: <ul style="list-style-type: none"> <li>i. Investigations Program (Supervisor and Social Worker)</li> <li>ii. Ongoing Programs (Supervisor and Social Worker)</li> <li>iii. Corporation Counsel, when appropriate</li> <li>iv. Home Finding Unit/Resource Development Specialist, when appropriate</li> <li>v. Program Managers for high-risk cases</li> </ul> </li> </ul>

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	<p><b>Procedure Z: Notification of Police</b></p> <ol style="list-style-type: none"> <li>1. CFSA is mandated by law to notify the MPD when it receives a report of abuse. CFSA shall work jointly with YPSD to investigate reports of child maltreatment involving sexual abuse or severe physical abuse. The hotline staff shall forward all reports of sexual abuse or physical abuse cases to YPSD and all reports of child fatalities to the Special Victims Unit (SVU).</li> <li>2. The Investigations Worker shall contact YPSD or SVU upon the initiation of the investigation and work jointly throughout.</li> <li>3. MPD shall be notified immediately by an Investigations Worker if a child, the worker, or another person needs immediate protection to prevent bodily harm.</li> <li>4. If during the course of the investigation, the Investigations Worker becomes aware of criminal activity, he or she shall immediately notify YPSD if abuse-related or MPD in all other situations.</li> </ol>
<p><b>VIII. Professional Standards</b></p>	

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<b>Priority Level I Reports</b>	
<b>Priority Level I (Neglect)</b>	<ul style="list-style-type: none"> <li>• Left Alone</li> <li>• Uninhabitable conditions (e.g. family living in an abandoned building, etc.)</li> <li>• Severe deprivation</li> <li>• Walk-in</li> <li>• Caretaker made plausible or credible threat to seriously harm the child</li> </ul>
<b>Priority Level I (Abuse)</b>	<ul style="list-style-type: none"> <li>• Death</li> <li>• Brain damage or skull fracture</li> <li>• Subdural Hematoma</li> <li>• Internal injuries</li> <li>• Wounds (open or deep)</li> <li>• Torture, bound or confinement</li> <li>• Sexually transmitted diseases</li> <li>• Sexual penetration</li> <li>• Sexual exploitation</li> <li>• Sexual molestation</li> <li>• Failure to thrive</li> <li>• Malnutrition</li> <li>• Burning and scalding</li> <li>• Medical neglect or infants born with handicapping conditions</li> <li>• Shaken Baby Syndrome</li> <li>• Sexual abuse with perpetrator having access to the victim</li> <li>• Failure to protect (sexual and physical abuse)</li> <li>• Sale or attempted sale of a child</li> <li>• Other serious abuse allegations depending upon the child vulnerability factors, the caretaker/family and child danger factors, the extent of the injury and the age of the child.</li> <li>• Hospital, physician, or police is currently holding the child</li> </ul>
<b>Priority Level II Reports</b>	
<b>Priority Level II (Neglect)</b>	<ul style="list-style-type: none"> <li>• high-risk infants;</li> <li>• boarder babies;</li> <li>• substance abuse which impacts parenting;</li> <li>• inadequate food;</li> <li>• inadequate shelter;</li> <li>• inadequate clothing;</li> <li>• educational neglect;</li> <li>• medical neglect (withholding medical treatment or discharge against medical advice);</li> <li>• failure to obtain mental health services;</li> <li>• lack of supervision or inadequate supervision;</li> <li>• domestic violence;</li> <li>• emotional or mental deprivation; or</li> <li>• caretaker is unwilling or unable to provide care</li> </ul>
<b>Priority Level II (Abuse)</b>	<ul style="list-style-type: none"> <li>• bone fractures (depending on age of child and type of injury);</li> <li>• cuts, bruises, or welts;</li> <li>• failure to protect;</li> <li>• hitting, punching, biting;</li> <li>• sprains or dislocations; or</li> <li>• substantial risk of physical injury</li> </ul>



### Signs of Present Danger

1. A child has received serious physical harm or injury that appears to be inflicted.
2. The child has physical injuries resulting from use of instruments (e.g. cigarette burns, hot water, belts, sticks) to inflict severe pain upon a child or injuries due to dangerous acts (e.g., choking, shaking of an infant, or cruelty).
3. The child has a serious physical injury and the caregiver has given an explanation that is inconsistent or insufficient.
4. The child has special needs, behaviors or medical concerns that are not being met or managed and failure to do so may result in the child being in immediate danger of serious harm.
5. It appears that caregiver has not, cannot, or will not protect the child from potential serious harm, including harm from other persons having familial access to the child or caretaker overtly rejects any intervention that is necessary to prevent or eliminate a child being in immediate danger of serious harm.
6. Caregiver or other person having access to the child has made a credible threat or expresses a credible belief that caregiver's actions may result in serious harm to a child.
7. The behavior of any member of the household or other person having access to the child is violent and/or out of control, and suggests that the child may be in immediate danger of serious harm.
8. Any member of the household or other person having access to the child describes or acts toward the child in predominantly or extremely negative terms and/or has extremely unrealistic expectations of the child, that would suggest the child may be in immediate danger of serious harm.
9. Drug and/or alcohol use by any member of the household or other person having access to the child suggests that the child may be in immediate danger of serious harm.
10. Behavior(s) of any member of the household or any person having access to the child is symptomatic of mental or physical illness or disability and the child may be in immediate danger of serious harm.
11. Caretaker appears unwilling or unable to meet the child's immediate needs for sufficient supervision, food, clothing, and/or shelter to protect child from immediate danger of serious harm.
12. Caretaker appears unwilling or unable to meet the child's immediate physical or mental health needs and failure to do so may result in the child being in immediate danger of serious harm.
13. Household environmental hazards suggest that the child may be in immediate danger of serious harm.
14. Acts of domestic violence (e.g. family violence or batterer violence) suggest a child may be in immediate danger of serious harm.
15. Child sexual abuse/sexual exploitation is suspected and circumstances suggest that child may be in immediate danger of serious harm.
16. Child is exposed to dangerous criminal activities in the household. (e.g. the manufacture and distribution, drug trafficking or sale of illegal drugs and the child may be in immediate danger due to the exposure to these activities).
17. Caregiver has previously had parental rights terminated as a result of abuse or neglect or has failed to benefit from any previous services related to child safety issues, and/ or has had children removed from his/her care due to abuse/neglect.
18. There is reason to believe the child is in immediate danger of serious harm and the family refuses access to the child, the child's whereabouts cannot be ascertained or there is reason to believe the family will flee.
19. A paramour is the alleged or indicated perpetrator of physical abuse or sexual abuse.
20. Child is fearful of caregiver(s), other family members, or other people living in or having access to the home.

### **Protective Capacities**

1. Caretaker can defer his/her own needs in order to meet the child's needs.
2. Caretaker displays a desire and capability to prevent future harm to a child.
3. Caretaker accepts and demonstrates the responsibility and skills to nurture and provide for the basic needs of the child.
4. Caretaker has the motivation and physical ability to intervene and chooses to intervene to protect the child from others.
5. Caretaker demonstrates ability and motivation to control negative impulses and unsafe behavior.
6. One or both caretakers demonstrate healthy attachment to the child.
7. At least one caretaker perceives the child in predominantly positive or realistic terms.
8. Caretaker is facilitating CPS access to the child.
9. Caretaker is receptive to intervention.
10. Caretaker can readily identify actions necessary to protect the child from serious harm.
11. Caretaker demonstrates readiness to change in areas related to child safety.
12. Extended family members or social supports are readily accessible and capable of preventing future harm to the child.
13. Caretaker has resources necessary to assure the child's safety.
14. Caretaker has skills necessary to meet the child's safety needs and chooses to do so.

### **Child Vulnerability Factors**

- q Child is 0 – 5 years
- q Child is medically fragile
- q Child is physically handicapped or disabled
- q Child is developmentally disabled
- q Child is severely emotionally disturbed
- q Child has serious illness or health problem
- q Child is unable to communicate
- q Child is prone to inconsolable crying
- q Child has sustained a serious injury requiring immediate medical attention
- q Child exhibits FAE/FAS, positive toxicity or HIV
- q Child has been sexually abused
- q Child is malnourished and underweight
- q Child has endured long periods of isolation (e.g. being locked in a closet)
- q Child has been bound
- q Child is a fire starter
- q Child has been seriously injured
- q Child under the age of 14 is pregnancy

### **Caretaker/Family and Child Danger Factors**

- q     Caretaker is currently or was recently violent and/or out of control
- q     Caretaker is currently using drugs or alcohol
- q     The caretaker is mentally ill or developmentally disabled and cannot exercise reasonable judgment about the child's safety
- q     The caretaker has made plausible threats to seriously harm or abandon a child
- q     The caretaker has expressed extreme negative perceptions of the child
- q     The caretaker is currently involved in dangerous criminal activity
- q     There is a history of serious maltreatment
- q     Caretaker or child appears suicidal or homicidal
- q     Caretaker is severely angered by soiling accidents, feeding problems or inconsolable crying
- q     A child is presently without appropriate supervision
- q     A child has unexplained injuries that currently require medical treatment
- q     Caretaker is unwilling or unable to protect the child from environmental hazards
- q     A caretaker may have sexually abused a child, and if the caretaker is a paramour or stepparent this will trigger additional safety assessment questions.
- q     Known pedophile or sexual predator is living in the home
- q     Caretaker cages, binds or severely physically restricts a child
- q     Family may flee to avoid CPS contact
- q     Child under the age of 12 is afraid to go home